September 2013

Benefit Press

What's New for 2014

We are again faced with increases in medical plan costs as the result of the number and dollar amount of claims filed by plan participants combined with the escalating cost of medical services. As in the past, your employer will share the cost increases with you.

To help us better control rising medical plan costs, we ask that you commit to a healthy lifestyle and be fully involved in every decision about your health so that when you do need care, you get it in the most appropriate place and the most cost-effective way.

The changes for 2014 are summarized below.

Medical Plan Changes

- Premium (contribution) rates will have a minimal increase for Active Employees for all medical plan options.
- Premiums rates will decrease for retirees for all medical plan options.
- Pre-existing condition clause will be eliminated.
- A $100 emergency room co-pay will be implemented in addition to the deductible and coinsurance requirements for all plans.
- The Wellness Program, Mayo Clinic newsletter, Mayo Clinic Health Risk assessment, health risk assessment incentive and routine physical incentive will be eliminated December 31, 2013. Employees' Group Insurance will continue to provide wellness information via email and the Benefits Press. If you wish to utilize a health risk assessment, Cigna has one available free on their website
- Medicare eligible retirees and their Medicare eligible dependents' prescription drug coverage will change to Medicare Generations Rx Prescription Drug Program (PDP). The formulary will change to a more standard Medicare Part D formulary with Center for Medicare Services regulated plan coverage and plan design features.
- The program will offer the new Medicare Generations Rx Prescription Drug Program

Page Directory

(PDP) to retirees enrolled in the Medicare Wraparound option on a one time basis this open enrollment period.

- The current disease management program will no longer be offered and administered through Alere via Cigna. Beginning in 2014, this program will be administered by Cigna's disease management group. The program is designed to promote good health and wellness by helping eligible members better understand their medical condition and develop strategies to improve health outcomes. Participation will continue to be voluntary. If you are currently enrolled in disease management, you will be transferred to a new case manager to minimize any disruption.

Dental Plan Changes

- White fillings (composite) for molars will be covered under restorative dental coverage.
- Premium (contribution) rates will increase for our dental options.

Life Coverage Changes

- Dependent Life eligibility for children will be expanded to age 26 to match health plan.
- Premium rates will increase by $0.13 for dependent life.

The Benefit Booklets provide full descriptions of the Wyoming Employees' and Officials' Group Insurance Program medical, dental, flexible benefits, life and accidental death and dismemberment plans (collectively, the "Plans"), along with information regarding your rights, obligations and benefits under the Plans. Not all recipients of this mailing are eligible for all of the benefits listed here.

This "What's New" section of the Benefit's Press constitutes a Summary of Material Modifications to the Benefit Booklets for the Plans in effect on Jan. 1, 2013. The changes described in this "What's New" document are generally effective as of Jan. 1, 2014. Please keep this "What's New" document with your other State benefit plan materials so that you have up-to-date materials on your benefit plans. Wyoming Employees' and Officials' Group Insurance Program retains the right to amend, modify or terminate its benefit plans in any respect and at any time, and neither its benefit plans nor your plan participation will be considered a contract for future employment with your participating entity.

Employee Meeting Schedule

The meeting schedule is on page 6. You are invited to attend any meeting that you can make. We strive to make these meetings informative and beneficial to all who attend and look forward to seeing you there.

2014 RETIREE Premium Rates (EFFECTIVE 1/1/2014)

Coverage Options	Health	Preventive Dental	Optional Dental
$750 Deductible (Medicare eligible)			
Retiree	329.89	20.49	13.07
Family	659.78	45.28	30.64
Retiree 65+ Spouse < 65	1,033.03	45.28	30.64
Retiree 65+ Spouse < 65 w/Dep	1,247.45	45.28	30.64
$750 Deductible (not Medicare eligible)			
Retiree	705.14	20.49	13.07
Retiree + Children	1,070.69	45.28	30.64
Retiree + Spouse	1,419.70	45.28	30.64
Family	1,634.12	45.28	30.64
Retiree < 65 Spouse 65+	1,035.03	45.28	30.64
Retiree < 65 Spouse 65+ w/Dep	1,249.45	45.28	30.64
WrapAround Medicare (with prescription drug coverage)			
Retiree	255.72	20.49	13.07
Family	511.44	45.28	30.64
WrapAround Medicare (no prescription drug coverage)			
Retiree	157.12	20.49	13.07
Family	314.24	45.28	30.64
$1500 Deductible (not Medicare eligible)			
Retiree	645.36	20.49	13.07
$3000 Deductible (not Medicare eligible)			
Retiree + Children	979.94	45.28	30.64
Retiree + Spouse	1,299.36	45.28	30.64
Family	1,500.34	45.28	30.64
Retiree < 65 Spouse 65+	1,020.23	45.28	30.64
Retiree < 65 Spouse 65+ w/Dep	1,260.29	45.28	30.64
$2000 Deductible (Medicare eligible)			
Retiree	285.57	20.49	13.07
Family	571.14	45.28	30.64
Retiree 65+ Spouse < 65	919.16	45.28	30.64
Retiree 65+ Spouse < 65 w/Dep	1,110.80	45.28	30.64
$2000 Deductible (not Medicare eligible)			
Retiree	635.59	20.49	13.07
Retiree + Children	964.72	45.28	30.64
Retiree + Spouse	1,279.18	45.28	30.64
Family	1,470.82	45.28	30.64
Retiree < 65 Spouse 65+	921.16	45.28	30.64
Retiree < 65 Spouse 65+ w/Dep	1,112.80	45.28	30.64

2014 Premium Rates

For Active employees and COBRA participants

For help calculating your premium rates, please go to: EGI.WYO.GOV

Coverage Options	Health	Preventive Dental	Optional Dental	Employer Contribution
Active $350 Deductible				
Employee	734.46	20.49	13.07	663.69
Employee + Children	1,115.21	45.28	30.64	1,008.39
Employee + Spouse	1,478.74	45.28	30.64	1,317.39
Family	1,700.24	45.28	30.64	1,505.68
Split	850.12	22.64	15.32	752.84
COBRA Employee	749.14	20.89	13.33	-
COBRA Employee + Children	1,137.51	46.18	31.25	-
COBRA Employee + Spouse	1,508.31	46.18	31.25	-
COBRA Family	1,734.24	46.18	31.25	-
Active $750 Deductible				
Employee	705.14	20.49	13.07	663.69
Employee + Children	1,070.69	45.28	30.64	1,008.39
Employee + Spouse	1,419.70	45.28	30.64	1,317.39
Family	1,634.12	45.28	30.64	1,505.68
Split	817.06	22.64	15.32	752.84
COBRA Employee	719.24	20.89	13.33	-
COBRA Employee + Children	1,092.10	46.18	31.25	-
COBRA Employee + Spouse	1,448.09	46.18	31.25	-
COBRA Family	1,666.80	46.18	31.25	-
Active $1500 Deductible (High Deductible Health Plan)				
Employee	645.36	20.49	13.07	663.69
COBRA Employee	658.26	20.89	13.33	-
Active $3000 Deductible (High Deductible Health Plan)				
Employee + Children	979.94	45.28	30.64	1,008.39
Employee + Spouse	1,299.36	45.28	30.64	1,317.39
Family	1,500.34	45.28	30.64	1,505.68
Split	750.17	22.64	15.32	752.84
COBRA Employee + Children	999.53	46.18	31.25	-
COBRA Employee + Spouse	1,325.34	46.18	31.25	-
COBRA Family	1,530.34	46.18	31.25	-
Active $2000 Deductible				
Employee	635.59	20.49	13.07	663.69
Employee + Children	964.72	45.28	30.64	1,008.39
Employee + Spouse	1,279.18	45.28	30.64	1,317.39
Family	1,470.82	45.28	30.64	1,505.68
Split	735.41	22.64	15.32	752.84
COBRA Employee	648.30	20.89	13.33	-
COBRA Employee + Children	984.01	46.18	31.25	-
COBRA Employee + Spouse	1,304.76	46.18	31.25	-
COBRA Family	1,500.23	46.18	31.25	-

2014 RATES FOR LIFE, DENTAL AND VISION

RETIREE - LIFE RATES 2014		
Age Group	Benefit	Monthly Cost
0-39	50,000	$2.94
40-44	50,000	$3.26
45-49	50,000	$4.89
50-54	50,000	$7.50
55-59	50,000	$14.03
60-64	32,000	$13.78
65-69	21,000	$17.40
70 & up	4,500	$12.47
Dependent Life Rate $1.59		

ACTIVE EMPLOYEE - LIFE RATES 2014			
Age Group	Benefit	A D& D	Monthly Cost
0-39	50,000	20,000	$3.34
40-44	50,000	20,000	$3.66
45-49	50,000	20,000	$5.29
50-54	50,000	20,000	$7.90
55-59	50,000	20,000	$14.43
60-64	32,000	13,000	$14.04
65-69	21,000	9,000	$17.58
70-74	14,000	6,000	$18.94
75-79	9,000	4,000	$19.71
80-84	6,000	3,000	$21.28
85 & up	4,500	2,000	$25.86
Dependent Life Rate $1.59			

RATE CHANGE FOR DEPENDENT LIFE

DENTAL RATES 2014	
Single Preventive	$20.49
Single Optional	$13.07
Family Preventive	$45.28
Family Optional	$30.64

Vision Service Plan - VSP	
Plan B	
Single	$6.76
Single + 1	$13.50
Single + 2 or more	$21.74
Plan C	
Single	$8.40
Single + 1	$16.78
Single + 2 or more	$27.02

Employee Meetings Sept-Oct 2013

Mon	Tue	Wed	Thu	Fri
Sept 30 ***Newcastle, WY*** **9:00 am** Honor Camp Visiting Center ***Gillette, WY*** **12:30 pm** WYDOT Conference Room ***Cheyenne, WY*** **3:30 pm** LCCC—CCI Rm 129	Oct 01 ***Buffalo, WY*** **9:00 am** Veterans Home Dining Room ***Sheridan, WY*** **12:30 & 2:00 pm** Sheridan College Whitney Presentation Hall Cheyenne, WY **8:30 am** WYDOT-Auditorium	02 ***Powell, WY*** **8:30 am** NWC—Dewitt Student Center Trapper Rm ***Basin, WY*** **11:30 am** Retirement Center ***Worland, WY*** **3:00 pm** Boy's School—Admin Bldg. Conference Room ***Cheyenne, WY*** **2:00 pm** Emerson Building Auditorium	03 ***Thermopolis, WY*** **9:00 am** WY Pioneer Home – Activity Rm ***Riverton, WY*** **1:00 pm** CWC - Health & Science Bldg Rm HS 100	04 ***Lander, WY*** **9:00 am** State Training School - Wind River Room ***Dubois, WY*** **12:30 pm** WYDOT ***Douglas,WY*** **1:00 pm** Law Enforcement Academy TRC Rm
07 ***Jackson, WY*** **8:00 am** WYDOT- Conference Room ***Afton, WY*** **11:30 am** WYDOT Conference Room ***Torrington, WY*** **9:00 am** EWC—T274	08 ***Pinedale, WY*** **10:00 am** Game & Fish Conference Room ***Evanston, WY*** **4:00 pm** State Hospital— KDC ***Cheyenne, WY*** **9:00 am** Cheyenne Business Center—Rm 1141	09 ***Evanston, WY*** **9:00 am** State Hospital— KDC ***Rock Springs, WY*** **1:00 pm** Western Wyoming College—Room 1003	10 ***Rawlins, WY*** **9:00 am** Jeffrey Center - Banquet Rm	11 ***Cheyenne, WY*** ***9:30 am & 2:30 pm*** Herschler Bldg - Rm 1699
14 ***Casper ,WY*** ***1:00 pm*** Casper College ***Casper, WY*** ***4:00 pm & 6:00 pm*** NCSD—Central Services	15 ***Casper, WY*** ***9:00 am*** Casper College		Note: ***Laramie, WY*** ***Oct 21, 2013*** ***1:00 pm & 3:00 pm*** UW - West Yellowstone Ballroom	Note: ***Guernsey, WY*** ***Oct 24, 2013*** ***10:00 am –2:00pm*** Camp Guernsey Chapel

EMPLOYER GROUP WAIVER PLAN (EGWP)

For Medicare Eligible Retirees Only

Effective January 1, 2014, the State of Wyoming is converting from the current Retiree Drug program, where coverage is under a commercial prescription plan, to a Medicare Part D Prescription Drug Plan (PDP) for Medicare-eligible members and dependents.

Medicare- eligible retirees and their dependents will be enrolled in a Part D Prescription Drug Plan, called Medicare GenerationRx (Employer PDP), underwritten by Stonebridge Life Insurance Company, a Medicare-approved Part D sponsor. **More information will be sent to you in separate mailings within the coming months.**

Look for this logo:

Medicare Generation Rx
EMPLOYER PDP

You will receive a Medicare GenerationRx Pre-Enrollment Packet

The pre-enrollment packet will be mailed in **October** and will contain the following items:

- **Summary of Benefits**
- **Explanation of Grievances, Coverage Determinations & Appeals**
- **Plan Ratings document**
- **Opt-Out letter for members currently enrolled with prescription drug coverage**
- The opt-out letter includes instructions if you do not wish to participate in the Medicare GenerationRx prescription drug plan offered by the State of Wyoming. This is called ***opting-out***. Medicare Eligible retirees and Medicare Eligible dependents considering opting-out should contact the State of Wyoming at (800) 891-9241 to discuss the impact of this important decision. To retain your State of Wyoming drug coverage, you do not need to take action unless you wish to opt-out. Retiree Medicare Eligible subscribers and dependents will be automatically enrolled in the program. If you opt out of the Medicare Part D Prescription Drug Plan, you will have to find an alternative prescription drug benefit plan and health benefit plan.
- **Opt-In letter for members currently enrolled in the State's Medicare Wraparound coverage without prescription drug coverage**
- The opt-in letter includes instructions if you wish to participate in the Medicare GenerationRx Part D prescription drug program offered by the State of Wyoming. This is a one time opportunity to enroll in the Medicare GenerationRx prescription drug plan offered by the State of Wyoming.

You will <u>also</u> receive a Medicare GenerationRx Welcome Kit

Once your automatic enrollment has been completed, you will receive a Welcome Kit from Medicare GenerationRx. The Welcome Kit will be mailed starting in early **December** and will include the following:

- **Prescription Drug ID card (sent in a separate envelope)**
- **Welcome letter**
- **Evidence of Coverage (EOC)** describes the Medicare Part D coverage

- **Privacy Policy**
- **Abridged Formulary** listing of covered drugs alphabetically and by therapy class
- **Pharmacy Directory** for the state based on eligible member's address
- **Fraud, Waste and Abuse Flyer**

ID CARDS

Due to this change in the Prescription Drug Plan, Medicare GenerationRx will be sending Medicare Eligible Retirees and their Medicare eligible dependent new ID cards for your prescription drug insurance coverage. Your new insurance cards will be mailed to you in December.

***Non-Medicare** Eligible Retirees*

Effective January 1, 2014, you will continue to use your Cigna ID Card for prescription drugs.

***Medicare** Eligible Retirees*

Effective January 1, 2014, Medicare Eligible retirees and Medicare Eligible dependents enrolled in the State of Wyoming's Medicare GenerationRx (Employer PDP) prescription drug plan will need to use their new Medicare GenerationRx ID card for prescription drug claims. You will no longer use your Cigna ID Card for prescription drugs. Your new ID card will be mailed to you prior to January 1, 2014, and should be presented when receiving prescription drug services.

Look for this logo on your new ID card:

Medicare GenerationRx
EMPLOYER PDP

Wyoming Health Fair Information

Effective January 1, 2014, Employees' Group Insurance will increase the Wyoming Health Fair benefit. EGI will now pay for two basic blood draws per year for subscribers and their dependents that are covered by the State's health insurance. EGI will also give an incentive of $25 for the first blood draw that the subscriber has in the 2014 calendar year.

Also remember that you and your dependents are able to get your flu shot when you attend a Wyoming Health Fair.

What if I have a Baby?

You must apply for Dependent coverage for the newborn child within 60 days of the date of birth

Newborn children will be covered for up to 31 days after their birth. **You must apply for Dependent coverage for the newborn child within 60 days of the date of birth** and pay any required premium contributions to continue coverage uninterrupted. Applications must be received within 60 days of the birth so do not wait for a birth certificate to submit the application. Employees' Group Insurance will contact you for the birth certificate after receipt of application. All applications to continue coverage for newborn children must be received within 60 days regardless of whether an Employee has single or family coverage.

If you have other Dependents who were previously not covered and you wish to cover them, they may be added effective the first of the month following receipt of application. Application for other dependents must be received within 60 days of the birth.

Dependent Audit Information

Employees' Group Insurance is currently conducting an audit of our membership's dependents. It is standard within the Insurance industry to verify eligibility of dependents in order to be enrolled on coverage.

We are first auditing our records for supporting documentation we already have on file. Once that audit is done, letters are being mailed directly to the employee, requesting the necessary documentation to confirm dependent eligibility.

The letter indicates that the documentation needed for a child dependent would require a birth certificate and a spouse would need a marriage certificate (not a marriage license). These letters are only being mailed to those employees that we do not have the necessary documentation on file.

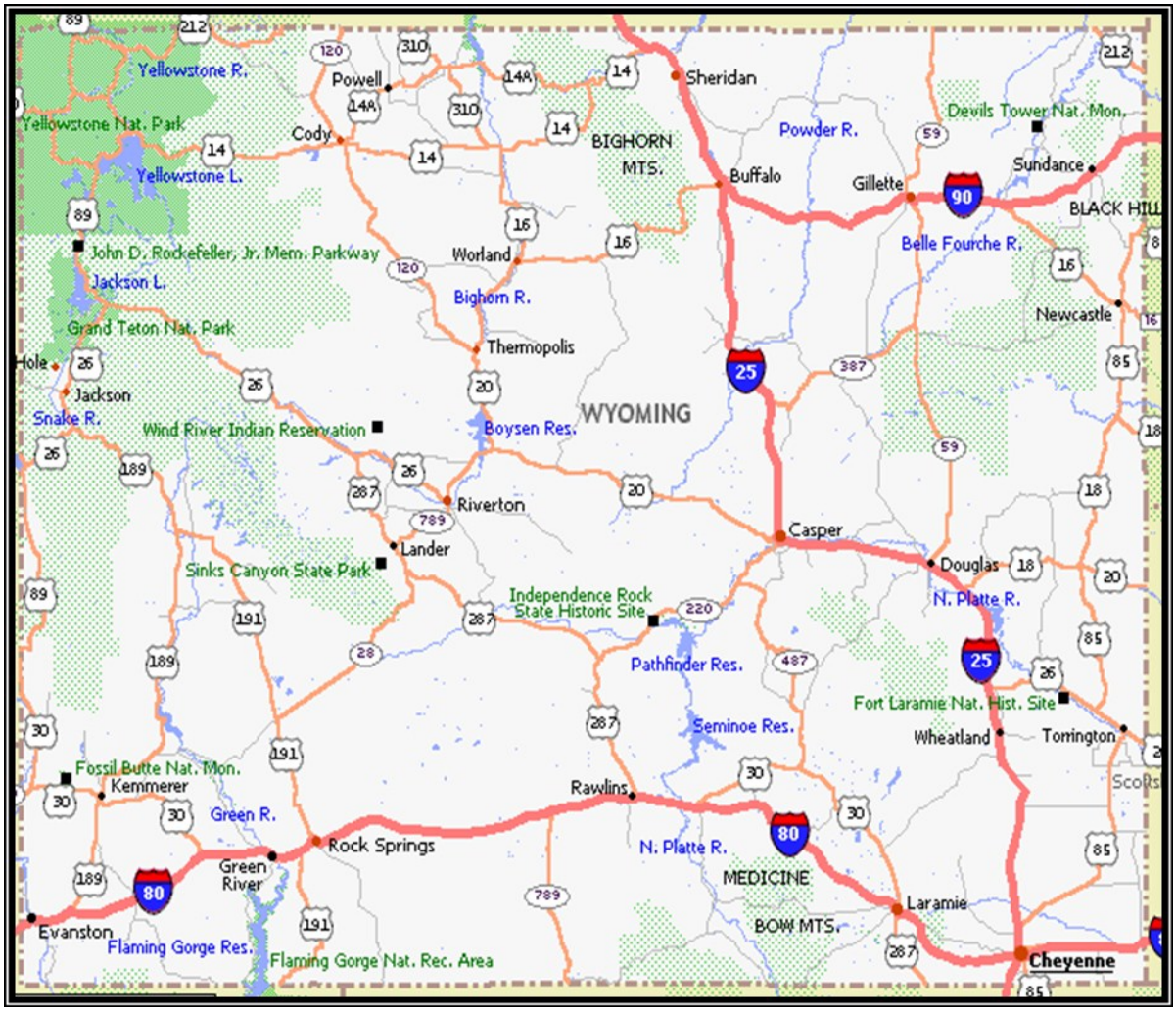
We are conducting this audit over time and sending out letters in cycles. Please do not be alarmed if you do not receive a letter. Documentation does not have to be original, we will accept photocopies. You may also submit your documentation to our general email; egi@wyo.gov. Those that email documentation will receive a response confirming receipt.

We are receiving a very high volume of emailed documentation on a daily basis and will respond as soon as we have them processed.

Employees' Group Insurance requires documentation of all dependents being added to the insurance coverage.

Urgent Cares – Cigna's Got Wyoming Covered

Many people use the emergency room (ER) for conditions that are not serious or life-threatening. Using an urgent care center or your doctor's office instead of an ER can save you hundreds of dollars and provides the same quality of care as an ER. If you need care and are not sure if you need to go to the ER, speak with your doctor or call Cigna at 800-685-1060 to determine the most appropriate location for urgent care.



Urgent Care Locations

A—Cheyenne Regional Urgent Care—Cheyenne

B—Healion Emergent Care—Cheyenne

C—America's Express Urgent Care—Cheyenne

D—South Lincoln Medical Clinic—Kemmerer

E—West Park Hospital District Urgent Care—Cody

F—St John's Family Practice and Urgent Care—Jackson

G—Community Hospital Urgent Care (Banner) - Torrington

Flu Shots

The best way to protect against the flu is to get a flu vaccination each year. Influenza (also known as the flu) is a contagious respiratory disease caused by viruses and easily spread from person to person.

This year Public Health Nursing will again be coordinating with Employees' Group Insurance to provide flu shots at no cost to you; for employees and dependents enrolled in the State of Wyoming group health plan. The Public Health Nursing Office will bill Employees' Group Insurance (or Medicare for retirees). You will need to bring your Social Security or Medicare ID number.

Please contact your local Public Health Nursing Office for dates and locations to receive your free flu shot (*or suffer these consequences*)!

Flu Time Coming!

Choose your partners, one and all,

Aspirin, Advil, or Tylenol!

Now fling those covers with all you've got,

One minute cold, the next minute hot,

Circle right to the side of the bed,

Grab the tissues and Sudafed.

Back to the middle and don't goof off;

Hold your stomach and cough, cough, cough.

Forget about slippers, dash down the hall,

Toss your cookies in the shower stall.

Remember others on the brink;

Wash your hands; wash the sink.

Wipe the doorknob, light switch too,

By George, you've got it, you're doing the Flu!

Some like it cold, some like it hot;

If you like neither get the SHOT!

Flexible Spending

Last year, Employees' Group Insurance (EGI) developed the functionality to deposit your medical and/or dependent day care reimbursement check directly into your personal bank account. Right now, we have about 50% of our members utilizing this benefit. As we all try to save a few dollars, it will be beneficial for EGI, and you, to establish this process with all of our participating members. Of course, there are some forms to complete.

- If you are already set up for direct deposit through the State's accounting system (WOLFS-not the payroll system) then all we need is your written permission to deposit your check.
- The WOLFS form 109a or 109b will be required if you are not already set up. You can get these forms on the Auditor's website http://sao.state.wy.us/download.htm or we can email them to you. If you're not sure which form you need to complete, please contact Deb in our office at 777-8646.

You will need to complete the appropriate form and attach a voided check or a letter from your bank detailing your account information.

If you receive a check, the applicable "Medical Reimbursement" or "Dependent Daycare" will now be reflected on the check stub. Therefore, the explanation of benefits (EOB) are no longer being sent. If you have direct deposit, it will be indicated on your banking account statement.

REMEMBER: Flex account users must submit 2013 claims no later than March 31, 2014.

Changing to Cigna Disease Management

Chronic Condition Solutions

Enhanced Support

Enhanced Support for your chronic condition.

Holistic support for the following conditions;

- Asthma
- CAD
- Angina
- Heart Attack
- Heart Disease
- Heart Failure
- COPD
- Diabetes Type 1
- Diabetes Type 2
- Metabolic Syndrome
- Peripheral arterial disease
- Low back pain
- Osteoarthritis
- Depression
- Anxiety
- Bi-Polar

If you have one of these conditions, your coach will also help you with

- Medication adherence
- Risk factor management
- Lifestyle issues: stress, Weight & Tobacco Cessation
- Treatment decision support

Convenient Program Access

- One phone number lets you connect to a live person
- Calls are answered by Personal Advocates who can explain the programs and services offered.
- The Personal Advocates will assign you a Health Advocate based on your appointment time preference or if you need a particular specialty: nurse, health Educator, or Behavioral Clinician
- 1-855-246-1873

1-855-246-1873

What to expect

Prior to January 1, 2014

Continue to work with your current program if enrolled.

If you had been actively involved in coaching, you will receive a transition letter letting you know about the enhanced services offered.

January 2014

If you have been involved in chronic condition coaching, you will receive a phone call helping you connect with a coach from your new Personal Health Team.

If you are newly identified for coaching, you may received a call and/or letter introducing the new program and services offered.

End of January

Your coaching calls begin with a Health Advocate on your Personal Health Team

Privacy Notice

Wyoming State Employees' and Officials Group Insurance Plan

Effective date. The effective date of this Notice is April 14, 2003.

This Notice is required by law. The Wyoming State Employees' and Officials' Group Insurance Plan (the "Plan") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

This Notice Describes:
How medical information about you may be used and disclosed; and
How you may obtain access to this information.
Please review this information carefully.

1. The Plan's uses and disclosures of Protected Health Information (PHI),
2. Your rights to privacy with respect to your PHI,
3. The Plan's duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services, and
5. The person or office you should contact for further information about the Plan's privacy practices.

Note: In several places throughout this notice, the Plan's Privacy Officer is designated as the person to contact with questions, complaints, requests for amendment of PHI, requests to restrict access to PHI. To reduce the length of this notice, the Privacy Officer's address and telephone number are given once in Section 6 of this notice.

Section 2: Your Protected Health Information

Protected Health Information (PHI) Defined

Protected Health Information (PHI): includes all individually identifiable health information transmitted or maintained by the Plan, regardless of the form of the PHI.

The term "Protected Health Information" (PHI) includes all information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form.

When the Plan May Disclose Your PHI

The Employees' and Officials' Group Insurance Plan has amended its Plan Documents to protect your PHI as required by federal and state law. Under the law, the Plan may disclose your PHI without your consent or authorization in the following cases:

1. ***At your request.*** If you request it, the Plan is required to give you access to certain PHI in order to inspect it and copy it.
2. ***As required by an agency of the government.*** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.
3. ***For treatment, payment or health care operations.*** The Plan and its business associates will use PHI without your consent, authorization or opportunity to agree or object in order to carry out:
   Treatment,
   Payment, or
   Health care operations.

The Plan does not need your consent or authorization to release your PHI when:
you request it, a government agency requires it, or the Plan uses it for treatment, payment or health care operations.

Definitions of Treatment, Payment or Operations	
Treatment is health care.	Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers. ***For example:*** The Plan discloses to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.
Payment is paying claims for health care and related activities.	Payment includes but is not limited to making coverage determinations and payment. These actions include billing, claims management, subrogation, Plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review and preauthorization. ***For example:*** The Plan tells your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.
Health Care Operations keep the Plan operating soundly.	Health care operations include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. ***For example:*** The Plan uses information about your medical claims to refer you to a disease management program, to project future benefit costs or to audit the accuracy of its claims processing functions.

When the Disclosure of Your PHI Requires Your Written Authorization

The Plan must generally obtain your written authorization before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.

Use or Disclosure of Your PHI That Requires You Be Given an Opportunity to Agree or Disagree Before the Use or Release

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

The information is directly relevant to the family or friend's involvement with your care or payment for that care, and

You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

Use or Disclosure of Your PHI For Which Consent, Authorization or Opportunity to Object Is Not Required

The Plan is allowed to use and disclose your PHI without your consent, authorization or request under the following circumstances:

1. ***When required by law.***
2. ***Public health purposes.*** To an authorized public health official if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. ***Domestic violence or abuse situations.*** When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
4. ***Oversight activities.*** To a public health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to the Department of certain Labor).
5. ***Legal proceedings.*** When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
6. ***Law enforcement health purposes.*** When required for law enforcement purposes (for example, to report certain types of wounds).
7. ***Law enforcement emergency purposes.*** For certain law enforcement purposes including:
   A. identifying or locating a suspect, fugitive, material witness or missing person, and
   B. disclosing information about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances.
   Determining cause of death and organ donation. When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. The Plan may also disclose PHI for cadaveric organ, eye or tissue donation purposes.
8. ***Funeral purposes.*** When required to be given to funeral directors to carry out their duties with respect to the decedent.
9. ***Research.*** For research, subject to conditions.
10. ***Health or safety threats.*** When, consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
11. ***Workers' compensation programs.*** When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

In general, the Plan does not need your consent to release your PHI if required by law or for public health and safety purposes.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke your authorization.

Other Uses or Disclosures

The Plan may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

The Benefit Payment Office may disclose protected health information to the sponsor of the Plan for reviewing your appeal of a benefit claim or for other reasons regarding the administration of this Plan.

Section 3: Your Individual Privacy Rights

You May Request Restrictions on PHI Uses and Disclosures and Receipt of PHI

You may request the Plan to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or
2. Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request.

The Plan will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI or to receive communications of PHI by alternative means or at alternative locations. Make such requests to the Privacy Officer (refer to Section 6).

You May Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plan maintains the PHI.

The Plan must provide the requested information within 30 days if the information is maintained onsite or within 60 days if the information is maintained offsite. "Onsite" means physically located within the confines of the Employees' and Officials' Group Insurance Plan offices. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the Privacy Officer (refer to Section 6).

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

Designated Record Set: includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

You Have the Right to Amend Your PHI

You have the right to make a written request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set subject t to certain expectations.

The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline. If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

You should make your written request to amend PHI to the Privacy Officer (refer to Section 6).

You or your personal representative will be required to complete a form to request amendment of the PHI.

If you disagree with the record of your PHI, you may amend it.

If the Plan denies your request to amend your PHI, you still have the right to have your written statement disagreeing with that denial included in your PHI.

Forms are available for these purposes.

You Have the Right to Receive an Accounting of the Plan's PHI Disclosures

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI. The Plan does not have to provide you with an accounting of disclosures related to treatment, payment or health care operations or disclosures made to you or authorized by you in writing.

The Plan has 60 days to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

You Have the Right to Receive a Paper Copy of This Notice Upon Request

To obtain a paper copy of this Notice, contact the Privacy Officer (refer to Section 6).

Your Personal Representative

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form. You may obtain this form by calling the Employees' and Officials' Group Insurance Plan.

You may designate a personal representative by completing a form that is available from the Office of Administration.

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

The Plan will recognize certain individuals as personal representatives without you having to complete an Appointment of Personal Representative form. For example, the Plan will automatically consider a spouse to be the personal representative of an individual covered by the plan. In addition, the Plan will consider a parent or guardian as the personal representative of an unemancipated minor unless applicable law requires otherwise. A spouse or a parent may act on an individual's behalf, including requesting access to their PHI. Spouses and unemancipated minors may, however, request that the Plan restrict information that goes to family members as described above at the beginning of Section 3 of this Notice.

You should also review the Plan's Policy and Procedure for the Recognition of Personal Representatives for a more complete description of the circumstances where the Plan will automatically consider an individual to be a personal representative.

Section 4: The Plan's Duties

Maintaining Your Privacy

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices.

This notice is written to inform you of the Plan's obligation to maintain the privacy of your PHI.

This notice is effective beginning on April 14, 2003 and the Plan is required to comply with the terms of this notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to you and to all past and present participants and beneficiaries for whom the Plan still maintains PHI.

The Plan will provide written notice to all covered individuals mailed to the address of record.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to:

1. The uses or disclosures of PHI,
2. Your individual rights,
3. The duties of the Plan, or

4. Other privacy practices stated in this notice.

Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing PHI or when requesting PHI from another Covered Entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

The Plan must limit its uses and disclosures of PHI or requests for PHI to the ***minimum necessary*** amount to accomplish its purposes.

However, the minimum necessary standard will not apply in the following situations:

1. Disclosures to or requests by a health care provider for treatment,
2. Uses or disclosures made to you,
3. Disclosures made to the Secretary of the U.S. Department of Health and Human Services,
4. Uses of disclosures required by law, and
5. Uses of disclosures required for the Plan's compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that:

1. Does not identify you, and
2. With respect to which there is no reasonable basis to believe that the information can be used to identify you.

In addition, the Plan may use or disclose "summary health information" to the Employees' and Officials' Group Insurance Plan for obtaining premium bids or modifying, amending or terminating the group health Plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.\

Section 5: Your Right to File a Complaint with the Plan or the HHS Secretary

If you believe that your privacy rights have been violated, you may file a complaint with the Privacy Officer (refer to Section 6).

You have the right to file a complaint if you feel your privacy rights have been violated.

The Plan may not retaliate against you

You may also file a complaint with:

Secretary of the U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, D.C. 20201

The Plan will not retaliate against you for filing a complaint.

Section 6: If You Need More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following Privacy Officer:

Employees' and Officials' Group Insurance Plan
Privacy Officer
Emerson Building, Room B3
Cheyenne, WY 82002
307-777-8645

Section 7: Conclusion

PHI use and disclosure by the Plan is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede this notice if there is any discrepancy between the information in this notice and the regulations.

PLEASE NOTE: The text boxes are summary information only. The complete test will govern all matter in the case of a dispute.

Women's Cancer Rights

Under federal law, group health plans, insurers, and HMO's that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery, effective for the first plan year beginning on or after October 21, 1998. In the case of a participant or beneficiary who is receiving benefits under the plan in connection with a mastectomy and who elects breast reconstruction, federal law requires coverage in a manner determined in consultation with the attending physician and the patient for

- reconstruction of the breast on which the mastectomy was performed.

- surgery and reconstruction of the other breast to produce a symmetrical appearance; and

- prostheses and treatment of physical complication at all stages of the mastectomy, including lymphedemas.

This coverage is subject to a plan's annual deductibles and coinsurance provisions. These provisions are generally described in the plan's Benefit Booklet.

If you have any questions, about how your plan covers mastectomies or reconstructive surgery, please contact our office at 307-777-6835 or 1-800-891-9241 or Cigna at 1-800-685-1060.

Important Notice from the State of Wyoming – Employees' Group Insurance

About Your Prescription Drug Coverage and Medicare

PART D CERTIFICATE OF COVERAGE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the State of Wyoming – Employees' Group Insurance and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The State of Wyoming – Employees' Group Insurance has determined that the prescription drug coverage offered by the State of Wyoming – Employees' Group Insurance is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current State of Wyoming – Employees' Group Insurance coverage could be affected. An explanation of the prescription drug coverage plan provisions/options under the State of Wyoming's group plan is as follows:

$750 deductible option – MedImpact will coordinate benefits with Part D; Medicare Part D will be primary.
$2000 deductible option – MedImpact will coordinate benefits with Part D; Medicare Part D will be primary.
No Impact; WrapAround supplement does not cover prescriptions.

If you do decide to join a Medicare drug plan and drop your current State of Wyoming – Employees' Group Insurance coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with [Insert Name of Entity] and don't join a Medi-

care drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information at 307-777-6835 or toll free in Wyoming 800-891-9241.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the State of Wyoming – Employees' Group Insurance changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2013

Name of Sender: The State of Wyoming – Employees' Group Insurance

Contact--Position/Office: Employees' Group Insurance Office

Address: 2001 Capitol Avenue Room B3 Cheyenne, Wyoming 82002

Phone Number: 307-777-6835 or toll free inside Wyoming 800-891-9241.

Employees' Group Insurance Application for Retirees

◯ New Retiree ◯ Change Options ◯ Change Deductible ◯ Change Beneficiary

Retiree Information	
Retiree Name	
Retiree SSN	
Agency Retired From	
Retiree Address	
City, State & Zip Code	

◯ Single ◯ Married ◯ Male ◯ Female

Retirement Date	Date of Birth
Home Phone	**Other Phone**

Dependent Information

Spouse Name	DOB	Gender	SSN

Child(ren) Name	DOB	Gender	SSN

Estimated Years of Service with a Qualified Covered Entity

Your years of service with a Qualified covered entity* (see back page) _____

Your years of service credit is based on your months of service and your Medicare eligibility.
$11.50 per month for non-Medicare eligible retirees
$5.75 per month for Medicare eligible retirees
Your months of service will be verified prior to credit approval.

Coverage Elections

Health	Dental	Vision	Life
◯ Retiree Only	◯ Single	◯ Retiree Only	◯ Retiree Only ◯ Retiree & Dependents
◯ Retiree & Child	◯ Family	◯ Retiree + 1	Beneficiary Name & Address
◯ Retiree & Spouse		◯ Retiree + 2 or more	
◯ Family			Beneficiary Name & Address
Deductible Option	**Dental Plan Option**		
◯ $750 / 1,500		**Vision Plan Option**	Contingent Beneficiary Name & Address
◯ $2,000 / 4,000	◯ Preventive		
◯ Wrap Around with RX		◯ Plan B	Contingent Beneficiary Name & Address
◯ Wrap Around w/o RX	◯ Preventive & Optional		
◯ $1500 Single HDHP		◯ Plan C	
◯ $3000 Family HDHP			

Cancel, Withdraw, or Decline Coverage

	Member Name	Health	Dental	Vision	Life
Employee		◯	◯	◯	◯
Spouse		◯	◯	◯	◯
Child		◯	◯	◯	◯
Child		◯	◯	◯	◯
Child		◯	◯	◯	◯

Cancelation Policy: Coverage will be canceled the last day of the month after written notification is received by EGI.

PLEASE REMEMBER - Once coverage has been canceled, there is no opportunity for reinstatement.

I hereby accept the benefit elections as indicated above and authorize any required contributions to be deducted from my earnings through payroll deduction until cancellation of the coverage as outlined in the benefit plan booklet. I accept the responsibility of notifying the Employees' Group Insurance office of any changes for myself, my spouse or dependents that would affect eligibility for coverage, premium amounts or payments. Under the penalty of perjury, I declare that the information I have furnished, to the best of my knowledge and belief, is true, correct and complete.

Signature: _____ Date _____

Rev. 9/2013

Employees' Group Insurance
2001 Capitol Avenue
Suite B3
Cheyenne, WY 82002

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Cheyenne, WY
Permit No. 7

MEDICARE RETIREES

Important information inside regarding your prescription drug plan.

Benefit Press—Employees' Group Insurance

Open Enrollment Period

Deadline is November 30, 2013

- **Turn in your 2014 Flexible Spending Election Forms***
- **Change your health insurance deductible**
- **Drop coverage (if any required commitments are met)**
- **Add dependents or yourself to health and preventive dental***
- **If you have met the three year waiting rule to add optional dental, you can enroll now for January 1st coverage***
- **If you have met the two year waiting rule on vision, you can enroll now or change Plan option for January 1st coverage***

* only applicable for active employees

Don't miss our "Open Enrollment" opportunity from November 1—November 30, 2013